

Statements from the President's Cancer Panel

*President's Cancer Panel
Strategies for Maximizing the Nation's Investment in Cancer
December 3, 2007*

The President's Cancer Panel held its third 1-day roundtable meeting of the series *Strategies for Maximizing the Nation's Investment in Cancer* on December 3, 2007, in San Juan, Puerto Rico; the final meeting in this series will be held January 28, 2008, in New Orleans, Louisiana. Participants are exploring strategies for achieving the greatest impact on cancer morbidity and mortality, including effective business models for optimizing cancer research and care.

Common themes to date include: realigning incentives in both cancer research and care; supporting unfettered innovation in basic research (generating knowledge for knowledge's sake); making information and resources easier to share; creating better data collection and integration systems (i.e., clinical, observational, outcomes); fostering patient-centered care; improving outreach and public education; addressing fragmentation in policies, programs, and delivery of care; bringing together key stakeholders to more effectively coordinate the cancer enterprise; and producing a national cancer agenda. Applying *what is known*—in screening and early detection of cancer as well as evidence-based treatment protocols—and elevating the priority of tobacco control are also recurring suggestions. At this meeting, the issue of “truth telling” was revisited. The notion that there is a truth that is not being conveyed by the cancer enterprise was challenged. In reality, people disagree about the extent of progress in the war against cancer, the value of clinical trials, or the best means to communicate information.

New ideas were raised, such as viewing the cancer enterprise in the context of four traditional business areas—Research and Development (e.g., basic research); Manufacturing (e.g., translational research/clinical trials); Sales and Marketing (e.g., public and provider education); and Delivery (e.g., information dissemination/access to care). In business, if any one of these four components fails, success is compromised.

Within the cancer enterprise, the area of “Delivery” was perceived as most problematic. The current model lacks a patient focus, is extremely fragmented, and misaligns incentives—care decisions are often financially motivated, influenced by a claims-made, fee-for-service reimbursement structure. Of approximately 1,800 radiation centers, 20,000 oncologists, numerous cancer centers, and thousands of stakeholders (including advocate organizations), most compete for resources and do not readily cooperate or share information. Further, valuable data that could inform patient treatment and care, such as clinical and outcomes information, are not effectively measured or recorded. A more transparent health care delivery system could improve outcomes. Patients (and providers) should be able to access quality-of-care information when making treatment choices. For example, improvements in outcomes have been shown when pancreatic

cancer patients are treated at centers doing a high volume of recommended procedures. A more centralized regional delivery system could help patients access the best quality care for specific cancers. On the other hand, it was noted that many patients seek care only in their local community setting, despite access to outcome information. An analysis of physicians and hospitals that perform various procedures at local and regional levels could be helpful in developing recommendations for care.

Participants asserted that the future of cancer treatment lies in continued genetic research and developing gene-based markers and treatment pathways. Selecting patients with a relevant genetic profile and monitoring response through biomarkers could substantially accelerate the clinical trials process. The shift in viewing cancer from an organ-based disease to a gene- or pathway-based disease is occurring in the research community, but it is not clear how the public will perceive or adopt this shift.

It was also suggested that output of new therapies could be accelerated if all approved Phase II/Phase III drugs were made available to patients only as part of Phase IV clinical trials. Mandating access through Phase IV trials would improve data collection on outcomes (safety/indications), promote use of combined therapies, and remove off-label drug use issues. Community oncologists would have access to approved drugs and corresponding practice protocols, as well as data collection/reporting support.

After the final meeting in this series, the Panel will conclude deliberations and prepare its annual report to the President.

The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>, call 301-451-9399, or e-mail to pcp-r@mail.nih.gov.